hemorrhages in the stomach and intestines varies greatly, (2) that the absorbed hæmatoporphyrin is partly retained in the liver, and (3) that another part is transferred in the liver or elsewhere into urobilin. The sulfonal probably acts as a corrosive poison after being split up in the body. It must be borne in mind that hæmatoporphyrinuria does not occur in all cases of gastric or intestinal hemorrhage. It is only when the blood remains long enough under conditions favorable for the change, and when the hæmatoporphyrin is present in large enough quantities to be excreted by the kidneys, that the condition can occur. In normal subjects the presence of hæmoglobin in the food may cause the excretion of hæmatoporphyrin—feeding starving rabbits with raw or cooked beef has the same effect, the hæmatoporphyrinuria coming on more promptly than after feeding with beef-blood.

Aneurism of the Hepatic Artery.

Mester (*Zeitschrift für klin. Med.*, Bd. xxviii. p. 93) reports a case in which a man of forty-two years was kicked in the abdomen by a horse. This was followed by pain in the hypochondrium, intermittent icterus, vomiting of blood, and the passing of fresh or altered blood by the rectum. The diagnosis was ulcer of the duodenum. Laparotomy was performed, but without revealing the seat of the hemorrhage. Nevertheless gastro-enterostomy was made. The patient died five days later. Autopsy showed a spurious aneurism of the right branch of the hepatic artery, in the liver-tissue, and communicating with the right branch of the hepatic duct. An analysis of the nineteen cases previously reported is given, from which it appears that the diagnosis is never made during life, the condition being mistaken for ulcer of the duodenum or gall-stone.

Acetonuria and Diabetic Coma.

Hirschfeld (*Zeitschrift für klin. Med.*, Bd. xxviii. p. 176), as the result of extensive researches, draws the following conclusions: In healthy persons the exclusion of carbohydrates from the food causes an increased excretion of acetone in the urine, amounting to from 200 to 700 milligrammes a day. Full albuminoid diet is followed by less excretion of acetone than moderate diet of the same kind. As the excretion of acetone is not influenced by the ingestion of fat it cannot be due to destruction of the body albuminoids. Even small quantities of carbohydrates (50 to 100 grammes) suffice to cause the disappearance of acetone in from two to four days, a diminution occurring within a few hours after taking the carbohydrates. Various carbohydrates, such as bread, cane-, milk-, and grape-sugar, mannite, and glycerin had similar effects; but alcohol, excessive muscular exercise, Carlsbad salt, sodium salicylate, and antipyrin had no such effect. The acetonuria of gastric disease, cancer, and fever is due also to insufficient carbohydrate food.

Pylephlebitis from a Foreign Body.

Kuhn demonstrated in the Biological Society of Amsterdam (*Centralblatt für inn. Med.*, 1895, No. 29, p. 714) the organs of a patient who died of liver-abscess. It was found that a piece of cocoa-palm fibre had perforated the wall of the stomach and penetrated the wall of the superior mesenteric vein. This caused phlebitis, which extended into the liver-tissue, producing the condition mentioned. It was diagnosticated during life as mesenteric abscess from retrograde embolism.

CHLOROMA.

OTTO SCHMIDT reports a new case of chloroma from the Pathological Institute of Göttingen (*Inaug. Dissert.*, 1895). The patient was a servant-girl, twenty years old. The disease began with pain in the shoulder, followed by the appearance of a hard, almost immovable tumor in the left axilla. The tumor was partially enucleated, part of it being inaccessible. About a month later a tumor appeared in the supraclavicular fossa of the same side, soon followed by others, some of which were removed. The tumor proved to be a malignant lymphoma. The blood showed slight increase of leucocytes, the variety increased not being mentioned, but examination six months later showed there was no leukæmia. Later, tumors developed in various parts of the body, hemorrhages of various kinds occurred in the skin; there was no hæmaturia. The liver and spleen were slightly enlarged. There was marked anæmia; red blood-corpuscles, 3,000,000; red to white, 600:1; hæmoglobin, 33 per cent. The diagnosis was sarcoma and hemorrhagic diathesis. Death occurred about six months after the beginning. Autopsy revealed hard, green tumors in the left axilla, with metastases in various organs and chloromatous change in the bone-marrow. There was, in addition, tuberculosis of the right axillary lymphatics, which were not greenish. Microscopic examination showed the tumors to be made up of cells resembling large lymphocytes in a fine reticulum. The tumors were of almost board-like hardness, with little juice on scraping. Hemorrhages were not present in them. The color was partly dark-green, partly grass-green, becoming paler on exposure to the air and in various hardening-fluids. No investigations were made into the cause or nature of the color, which the author thinks is due to the character of the cells. The author considers the disease to belong clinically and anatomically to the malignant leukæmic and aleukæmic lymphomata. An interesting fact is that the primary growth was not green, though histologically similar to the later tumors. Micro-organisms could not be found in the green tumors. Schmidt agrees with a suggestion made in this journal ("Chloroma and its Relation to Leukæmia," AMERICAN JOURNAL OF THE MEDICAL SCIENCES, August, 1893), that the case reported from Göttingen by Osterwald as one of leukæmia was also one of chloroma.

MALARIAL FEVER.

THAYER and HEWITSON, in their recent exhaustive monograph on "The Malarial Fevers of Baltimore" (*Johns Hopkins Hospital Reports*, 1895), come to the following conclusions:

Malarial fever is rare in Baltimore during the winter months, but becomes more frequent as the season advances, reaching a maximum in the month of September, the majority of all the cases occurring in August, September, and October.